PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

									<u>101</u>	- 6	1 + 4	7
Ŀ	1	CLAIMS A	S FILED (Colum		(Column 2)			MALL E	YTITN	OR		R THAN . ENTITY
TOTAL CLAIMS			13	13		• •		RATE	FEE	ק ר	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	+	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			\(\) minus 20=		• 0			XS 9=		OR	XS18=	<u> </u>
INDEPENDENT CLAIMS			3 1	ninus 3 =	. 0		 	X43≈		1	X86=	
MULTIPLE DEPENDENT CLAIM PR			RESENT				-			OR	700-	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	+145=		OR	+290=	
CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	OR	TOTAL	770
	9-28-5	(Column 1)	AMENDE	(Colum	n 2)	(Column 3) SMA			ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 12	Minus	- 2	0	-		X\$ 9=		OR	X\$18=	
AME	Independent	• 3	Minus	7	}			X43=		OR	X86=	
	PINST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			+145=		OR	+290=	
1					•	,	L	TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)								DIT. FEE		On A	ODIT. FEE	
AMENDMENT B	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	,	(\$ 9=	,	OR	X\$18=	
AME	Independent	•	Minus	***		Ε .	1	<43 =			X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT (CLAIM		-	145=		OR		
										OR	+290=	
ADDIT FEE										OR A	DDIT. FEEL	_ <u></u> :
. 1	\	(Column 1) CLAIMS		(Column HIGHES		(Column 3)						
AMENDMEN! C		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	SLY	PRESENT EXTRA	R	ATE	ADDI- FEE		RATE	ADDI- TIONAL FEE
ِ ا	Total	•	Minus	**		= .	X	\$ 9=		OR	X\$18=	
	Independent		Minus	***		-	×	43=		``` 	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR -		
• H	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								(DR _	+290=	
H	the "Highest Nurr the "Highest Nurr	nber Previously Pal nber Previously Pai per Previously Paid	for in THIS d For in THIS	SPACE IS NO SPACE IS N	es than	20, enter "20."	· ADDI	TOTAL T. FEE			TOTAL DOTT. FEE	
	7TO-875 (Rev 10)					J				· · ·		